

**PUBLIC CHAPTER NO. 599****SENATE BILL NO. 645****By Henry, Crutchfield, Haynes, Johnson, Raymond Finney, Harper, Marrero****Substituted for: House Bill No. 842****By Pruitt, Odom, Casada**

AN ACT to amend Tennessee Code Annotated, Section 68-11-251 and Section 68-140-521, relative to emergency pediatric medical services.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 68-11-251, is amended by deleting subsections (a) and (b) in their entireties and substituting instead the following new subsections:

(a) The board for licensing health care facilities shall promulgate rules and regulations pursuant to the Uniform Administrative Procedures Act, compiled in Title 4, Chapter 5, to provide optimal emergency medical and surgical services for pediatric patients in facilities it licenses and shall have the authority, when funding is available, to obtain assistance with development and implementation of its standards and to support delivery of educational services and equipment to providers of emergency pediatric medical services in facilities it licenses. In developing, updating and implementing rules and regulations and providing services and equipment, the board shall be guided by national standards and shall collaborate with the emergency medical services division and its board and the committee on pediatric emergency care created pursuant to subsection (e).

(b) It is the intent of this section that the entire spectrum of emergency pediatric medical and critical care services, including primary prevention of illness and injury, a statewide pediatric trauma system, disaster planning and management, acute care, data analysis, evaluation of potential standards of care, and rehabilitation be incorporated into the rules and into any services and equipment provided or required to be furnished pursuant to this section or any grant or contract awarded hereunder.

(c) The rules authorized by this section shall require adequate emergency medical care for children relative to the following and shall take into account the size and location of facilities and shall require appropriate triage, stabilization and referral of patients:

(1) Facility equipment standards;

(2) Qualifications of facility personnel; and

(3) Continuing professional education of facility personnel.

(d) To assist in the implementation of the purposes of this section, the department shall have the authority to solicit and receive grants, donations, and public and private funding. Such funding may be used for grants or contracts with 501(c)(3) organizations, as defined by the 2000 United States Tax Code, as it may be amended from time to time, that are capable of providing the advice, services and equipment necessary to assist in the provision of state-of-the-art emergency medical and critical care for ill or injured pediatric patients.

(e) (1) The committee on pediatric emergency care shall consist of those members who were originally jointly appointed by the board of licensing health care facilities and the emergency medical services board, and those who are chosen by those boards to replace them, to include representatives of the following organizations:

(A) Tennessee Hospital Association;

(B) Tennessee chapter of the American Academy of Pediatrics;

(C) Tennessee chapter of the American College of Surgeons;

(D) Tennessee chapter of the American College of Emergency Physicians;

(E) Tennessee chapter of the American Academy of Family Physicians;

(F) Tennessee chapter of the Emergency Nurses Association;

(G) Tennessee Ambulance Service Association;

(H) Rural Health Association of Tennessee;

(I) Tennessee School Nurses Association;

(J) Tennessee Congress of Parents and Teachers (PTA);

(K) Tennessee Emergency Services Education Association;

(L) Comprehensive Regional Pediatric Centers; and

(M) Such other persons or representatives of such other organizations, groups or entities that the board chairs agree are necessary to accomplish the purposes of this section.

(2) In forming its recommendations to the board, the committee shall have access to the Department of Health's existing raw and analyzed data regarding pediatric emergency care health issues.

(f) On or before July 1 of every year, the board for licensing health care facilities and the emergency medical services board, in collaboration with the committee on pediatric emergency care, shall jointly prepare a report on the current status of emergency medical services for children and on continuing efforts to improve such services. The joint report shall be submitted to the General Welfare Health and Human Resources Committee of the Senate, to the Health and Human Resources Committee of the House of Representatives, and to the select committee on children and youth.

SECTION 2. Tennessee Code Annotated, Section 68-140-521, is amended by deleting subsections (a) and (b) in their entireties and substituting instead the following new subsections:

(a) The emergency medical services board shall promulgate rules and regulations to provide optimal emergency medical services for pediatric patients served by the personnel and facilities it licenses and shall have the authority, when funding is available, to obtain assistance with development and implementation of its standards and to support delivery of educational services and equipment to the providers of emergency pediatric medical services it licenses. In developing, updating and implementing the rules and regulations and providing services and equipment, the board shall be guided by national standards and shall collaborate with the health care facilities division and health care facilities board and the committee on pediatric emergency care created pursuant to Section 68-11-251.

(b) It is the intent of this section that the entire spectrum of emergency pediatric medical and critical care services, including primary prevention of illness and injury, a statewide pediatric trauma system, disaster planning and management, acute care, data analysis, evaluation of potential standards of care, and rehabilitation be incorporated into the rules and into any services and equipment provided or required to be furnished pursuant to this section or any grant or contract awarded hereunder.

(c) The rules authorized by this section shall require adequate emergency medical care for children relative to the following and shall take into account the size and location of facilities and shall require appropriate triage, stabilization and referral of patients:

- (1) Facility equipment standards;
- (2) Qualifications of facility personnel; and
- (3) Continuing professional education of facility personnel.

(d) To assist in the implementation of the purposes of this section, the department shall have the authority to solicit and receive grants, donations, public and private funding. Such funding may be used for grants or contracts with 501(c)(3) organizations, as defined by the 2000 United States Tax Code, or as it may be amended from time to time, that are capable of providing the advice, services and equipment necessary to assist in the provision of state-of-the-art emergency medical and critical care for ill or injured pediatric patients.

(e) On or before July 1 of every year, the board for licensing health care facilities and the emergency medical services board, in collaboration with the committee on pediatric emergency care, shall jointly prepare a report on the current status of emergency medical services for children and on continuing efforts to improve such services. The joint report shall be submitted to the General Welfare Health and Human Resources Committee of the Senate, to the Health and Human Resources Committee of the House of Representatives, and to the select committee on children and youth.

SECTION 3. This act shall take effect upon becoming law, the public welfare requiring it.

**PASSED: June 11, 2007**



RON RAMSEY  
SPEAKER OF THE SENATE



JIMMY NAIFEH, SPEAKER  
HOUSE OF REPRESENTATIVES

**APPROVED this 28th day of June 2007**



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PHIL BREDESEN, GOVERNOR